

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5350</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gerald J Pecora, Jr.</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>14 Creighton Avenue</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15205</u>	4. Name, file number, and address of labor organization. Name <u>LABORER'S LOCAL UNION 1058</u> Labor Organization File Number <u>039-555</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>#12 Eighth Street</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Gerald J Pecora Jr

On 7-21-05  
Date

412-281-2640  
Telephone Number

Name of Person Filing	<i>GERALD J. PECORA, JR.</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>PNC Advisors</i></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <i>620 Liberty Avenue</i></p> <p>City <i>Pittsburgh</i></p> <p>State <i>PA.</i> ZIP Code + 4 <i>15222</i></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>LABOREN'S Combined Funds Pension Trust</i></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <i>1109 Fifth Avenue</i></p> <p>City <i>Pittsburgh</i></p> <p>State <i>PA.</i> ZIP Code + 4 <i>15219</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>I AM A Trustee of the Pension Fund representing Local Union 1058. Attended Lunch Golf outing sponsored by PNC Advisors who manage part of trust Assets.</i></p> <p>11.b. Approximate dollar value of such dealing. <i>\$332.00</i></p> <p>12.a. Nature of interest held or income received.</p> <p> </p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

Gerald J. Pecora, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORER'S Combined FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1109 FIFTH AVENUECity PITTSBURGHState PA ZIP Code + 4 15219

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORER'S Combined Funds Pension TrustTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1109 FIFTH AVENUECity PITTSBURGHState PA ZIP Code + 4 15219

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

See Attached12.b. Amount. See Attached

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

GERALD J. PECORA, JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORER'S Combined Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1109 Fifth Avenue

City Pittsburgh

State PA ZIP Code + 4 15219

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORER'S Combined Funds Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1109 Fifth Avenue

City Pittsburgh

State PA ZIP Code + 4 15219

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

See Attached

12.b. Amount. See Attached

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Form LM-30

1/1/04 to 12/31/04

Gerald J Pecora Jr.

Part B- Item 12.a. Nature of interest held or income received

Spouse works as a mail clerk in the office of the Laborers Combined Fund. The fund is a separate business entity that collects dues and health and retirement contributions from employers that the Union represents. It separates the money received and remits dues collected to the Union and contributions for health and retirement benefits to the appropriate trusts.

Part B - Item 12b. Amount

W-2 wages - 2004 : \$29,799.96

Pension - 2004 : 1,950 hours for 2004 @3.60 hour = \$7,020.00

Welfare - 2004 : \$8,907.50 total for the year/ or \$742.29 monthly